



THE DIRECTORATE OF OFFSHORE GAMING

APPLICATION FOR AN INTERACTIVE GAMING OR INTERACTIVE WAGERING LICENCE

Schedule "C":

"PERSONAL INFORMATION PACKAGE"

PERSONAL INFORMATION

This is **Schedule "C"** to the regulations concerning Interactive Gaming and Interactive Wagering

All information provided by the Applicant to the Directorate of Offshore Gaming will be held in the strictest confidence and will not be used by the Directorate for any purpose other than matters pertaining to this application, unless it is required for the administration or enforcement of the Regulations or if it is related to an official investigation.

THIS PERSONAL INFORMATION PACKAGE CONTAINS THE FOLLOWING DOCUMENTS. PLEASE ENSURE YOUR PACKAGE IS COMPLETE

1. Instructions for completion.
2. Oath or Solemn Affirmation.
3. Authority for release of information.
4. Personal Information Form.
5. Attachment page.

INSTRUCTIONS FOR COMPLETION

1. This Personal Information package must be completed by each director, partner and chief executive officer of the applicant Business Entity, duly authorized key person, and shareholder with five (5%) percent or more ownership of or controlling interest in the applicant Business Entity.
2. Type or print in BLOCK LETTERS an answer to every question.
3. If a question does not apply, state "N/A" in response to that question.
4. If there is nothing to disclose in reply to a particular question, state "nil" in response to that question.
5. If there is insufficient space on a printed form in which to answer a question, additional information may be provided on an attachment page, a form for which is attached.
6. When required to use an attachment page, precede each answer thereon with the title applicable to that question.
7. All dates should be completed in the form: Day/Month/Year.
8. This form is to be completed in the English language. Any documents required to be provided are to have a certified English translation appended.
9. Failure to give true and correct answers to any questions in this form will be grounds for the Directorate to refuse an application or revoke a licence that has been granted on the basis of untrue or incorrect information.
10. The completed form should be forwarded by registered mail or courier to:

The Directorate of Offshore Gaming
The First Caribbean Financial Centre
Old Parham Road
St. John's
Antigua
11. The Personal Information package should be sealed in an envelope and marked "Private and Confidential".
12. Any further enquiries should be directed to the Directorate.

OATH OR SOLEMN AFFIRMATION BY THE APPLICANT BEFORE AN AUTHORIZED PERSON

I, _____ OF _____
SWEAR OF SOLEMNLY AFFIRM THAT:

1. I am the _____ of _____
(Relationship of declarant to the applicant) (Name of applicant)
2. I have personally completed (or I am personally responsible for providing the information contained in) the Business Entity Information Form to which this Declaration is appended.
3. I certify that the particulars contained in the Business Entity Information Forms are true and correct in every detail and fully disclose the information to complete the Business Entity Information Form.

(Signature of applicant)

() Sworn before me, _____

() Solemnly affirmed before me, _____

at _____

this _____

(Signature)

(Given name and name in block letters)

(Specify in which capacity this declaration is taken: as commissioner for oaths, justice of the peace, lawyer, notary, mayor, clerk or secretary-treasurer of a municipality, registrar or clerk of a court of competent jurisdiction)

AUTHORITY FOR RELEASE OF INFORMATION

I, _____ of _____
(Full Name) *(Address)*

grant an authority on the following terms:

1. I authorize the Directorate of Offshore Gaming (the "Directorate"), and any person conducting any investigations or enquiries on behalf of the Directorate, to cause to be made investigations about me for the purposes of determining my suitability for the purposes of an Interactive Gaming or Interactive Wagering License under the Regulations concerning Interactive Gaming and Interactive Wagering (the "Regulations")
2. I authorize the Directorate and any person conducting any investigations or enquiries on behalf of the Directorate for the purpose of the Regulations (collectively referred to herein as the "Authorized Persons"), to obtain any information and make any investigations or enquiries which relate to me and may be relevant to any of the purposes of the Regulations, in any jurisdiction.
3. I authorize the manager or other principal officer of any branch or office of a bank or financial institution in any jurisdiction to whom a copy of this release is presented to allow any Authorized Person to inspect and obtain copies of, or to release to any authorized person, any record, document or other information of any kind in written, electronic or any other form, which relates to me and is held by the bank or financial institution.
4. I authorize any officer of any police service, law enforcement agency or regulatory body in any jurisdiction to whom a copy of this release is presented to release to any Authorized Person any information or official record of any kind in written, electronic or any other form, which relates to me and is held by the police service, agency or body, including any information relating to my personal and criminal history.
5. I will at all times sufficiently indemnify the Authorized Persons and keep the Authorized Persons indemnified against all liability in respect of the supply or publication of the information and against all actions, suits, proceedings, claims, demands, costs and expenses whatsoever which may be taken against the Authorized Persons or incurred or become payable by the Authorized Persons in respect thereof.

Signed at: _____ this _____ day of _____, _____.

Signature: _____ Signature of Witness: _____

Print name of Witness: _____

7. Physical description:

Height: _____ cms / ft.in.

Weight: _____ kgs / lbs.

Colour of eyes: _____

Colour of hair: _____

Complexion: _____

Scars, tattoos or other distinguishing marks: _____

8. Are you enrolled in an Electoral Roll? Yes No

If yes, state the name and address under which enrolled: _____

Electoral District, Division, Country: _____

9. Are you the holder of a current Driver's License? Yes No

If yes, please attach a certified copy of your driver's license which should include date and place of issue:

License No.: _____

*(Note: You may be required to produce your Driver's License if an interview is to be conducted)***MARITAL INFORMATION**

10. What is your marital status, including any common-law relationship? (If applicable, complete the following):

Date of Marriage: _____ / _____ / _____
(Day/Month/Year)Palace Of Marriage: _____
(City) (Province/State) (Country)

Full name of Spouse: _____

Maiden name of Spouse (where applicable): _____

Date of birth of Spouse: _____
(Day/Month/Year)

Place of birth of Spouse: _____

11. Residential address of Spouse:

_____		No. & Street
_____	_____	Province/State
_____	_____	Country
_____	_____	

Spouse's Employer:

Spouse's Occupation: _____

12. List of current names (including maiden surname) and current addresses of previous spouses. If

Deceased, indicate accordingly.

(a) Current Name (in full): _____

Maiden Surname: _____

Current Address: _____

_____		No. & Street
_____	_____	Province/State
_____	_____	Country
_____	_____	

FAMILY PARTICULARS

(Note: Details of deceased persons are also required)

13. Father: _____

Surname	First	Middle
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Date of Birth: _____ / _____ / _____
(Day/Month/Year)

MILITARY SERVICE

20. Have you ever served in the military of any country? Yes No

If yes, complete the following

Country: _____

Arm of Service: _____

Branch and Unit Number: _____

Date of Entry: _____ / _____ / _____
(Day/Month/Year)

Date of Discharge: _____ / _____ / _____
(Day/Month/Year)

Type of Discharge: _____

Rank at discharge: _____

While in the armed forces were you ever arrested for an offence which resulted in summary action, a trial or court martial? Yes No

PASSPORT AND TRAVEL INFORMATION (if applicable)

21. For each passport that you hold please attach a certified copy of your passport (if insufficient space use an attachment page). Passport information should include:

Passport Number: _____

Country: _____

Place of issue: _____

Date of issue: _____ / _____ / _____
(Day/Month/Year)

Date of expiration: _____ / _____ / _____

Passport photograph:

22. Have you ever traveled outside your country of residence for a period of time exceeding one (1) month during the past five (5) years? Yes No

ARRESTS, DETENTIONS AND LITIGATION

23. Have you ever been charged, arrested or summoned for an offence, regardless of the disposition, in any jurisdiction excluding juvenile offences and traffic offences?

Yes No

If yes, give detail in the space provided below. List all cases without exception.

Nature of offence	Age at time of offence	City, Province/State, Country of offence	Date of offence	Result of Hearing or other disposition

24. Have you ever been a party in a civil lawsuit in which an amount exceeding Ten Thousand (\$10,000.00) dollars was claimed, or are you aware of any such action that may be pending?

Yes No

If yes, please provide details on an attachment page including:

- Name of parties
- City, Province/State and Country in which action commenced
- Level of Court
- Date action commenced
- Nature of action (give brief description)
- Status of action
- Disposition of action
- If a judgement has been entered, has it been satisfied? Give details

25. Have you ever had a judgement entered against you?

Yes No

If yes, please give details on an attachment page. (Unless already provided).

26. Has your salary, wage, earnings or other income been subject to a garnishee order, attachment or other judicial proceeding?

Yes No

If yes, please give details on an attachment page.

27. Have you ever had an article repossessed by a finance company or other institution?

Yes No

If yes, please give details on an attachment page.

28. If requested, will you provide addresses at which you have been permanently resident over the last ten (10) years beginning with your current address and working backwards, and show the time period at each residence? _____

EMPLOYMENT

29. Beginning with your current employment and working backwards, list your work history on an attachment page. Particulars to be provided are:

- Duration of employment
- Name, business address and telephone number of employer
- Job title and description of duties
- Reason for leaving
- Name of person to whom you reported

30. Have you ever been dismissed, discharged or asked to resign from any employment? If yes, complete the following: Yes / No

Date	Name and address of employer	Supervisor's name	Reason for dismissal, discharge or resignation

31. Directorships and business affiliations:

- On an attachment page, provide full details of any other directorships, partnerships or other business interests or affiliations with which you are currently associated or previously associated. Yes No
- Are you or have you been associated with the ownership, administration or management of, or held any financial interest in: Yes No
 - A casino; Yes No
 - Keno or lottery operations; Yes No
 - Interactive gambling or betting operation; Yes No
 - Race wagering or wagering operations; Yes No
 - Club, hotel or tavern; Yes No
 - The manufacture, assembling, selling, distributing, importing, supplying or repairing of gaming machines on-line machines or other amusement devices; Yes No

- Any other gaming or gambling operation

If yes, please provide details on an attachment page.

32. Other than as indicated above, please provide details on an attachment page if you have at any time been engaged in bookmaking or sports book operations in any capacity or otherwise involved in the racing industry.

33. Have you ever been involved in any company that has been in liquidation or receivership or been placed under administration? Yes No

If yes, please provide details on an attachment page.

CHARACTER REFERENCES

Nominate three (3) persons who are not related to you and who have known you for a period of not less than five (5) years. Persons giving references may be contacted for additional information.

34. Name: _____

Address: _____

Occupation: _____

Telephone: _____ Years known: _____

Name: _____

Address: _____

Occupation: _____

Telephone: _____ Years known: _____

Name: _____

Address: _____

Occupation: _____

Telephone: _____ Years known: _____

FINANCIAL DETAILS

35. Have you ever become bankrupt or availed yourself of the laws relating to bankruptcy or insolvency? Yes No

If yes, please provide details on an attachment sheet.

36. If requested to produce copies of your income Tax Returns, will you do so? Yes No

37. **STATEMENT OF ASSETS** (You may be required to provide certified copies of your assets)

As of the _____ day of _____,

(Date of this Statement or whatever date that is convenient in the last 12 months)

Describe fully, if additional space is required use attachment pages:

Cash in: _____ \$ _____
Financial Institution Branch Account Number

Cash in: _____ \$ _____
Financial Institution Branch Account Number

Cash in: _____ \$ _____
Financial Institution Branch Account Number

Debts owing to you by other persons (give details and dates due):

\$ _____ / _____ / _____
(Day/Month/Year)

\$ _____ / _____ / _____
(Day/Month/Year)

\$ _____ / _____ / _____
Day/Month/Year

Other current assets (give details)

_____ \$ _____

_____ \$ _____

Investments:

Shares, bonds, mutual funds, debentures, notes, etc.

Company	Type	No. Held	Year of Acquisition	Total	Estimated Acquisition Cost	Market Value

Investments, other than those listed above:

Description _____

Total Acquisition Cost _____ Estimated Market Value _____

Fixed Assets: _____

Real estate (own residence and other properties):

Location and description _____ Year of _____

Acquisition _____ Estimated Market Value _____

Acquisition _____ Price _____

Other long-term liabilities:

Name	Address	Lender / Creditor	Repayment Details

Current liabilities (indicate name and address of creditor)

_____ \$ _____
 _____ \$ _____

Other liabilities

(Include Contingent liabilities i.e. Liabilities of an indefinite nature or unspecified amount for which you may become liable in the future)

_____ \$ _____
 _____ \$ _____

TOTAL LIABILITIES \$ _____

NET WORTH (Total Assets-Total Liabilities) \$ _____

39. SOURCE OF FUNDS

Indicate hereunder the sources over the past five (5) years of all income and other benefits received for your use or disposal (whether received in money or in kind) whether as a result of your employment or association with any corporation, partnership, trust, joint venture or business or otherwise. List the amount and source of each item received by yourself (and your spouse / common law spouse, if received jointly) and list each year separately.

Year ended:

Source	Amount

TOTAL \$ _____

Year ended: _____

Source	Amount

TOTAL \$ _____

Year ended: _____

Source	Amount

TOTAL \$ _____

Year ended: _____

ATTACHMENT PAGE – Schedule C

Question Number:

Signature: _____

DECLARATION

By signing below, I declare that:

1. The information contained in this application is complete and accurate;
2. In the case of a corporation, partnership or other business entity, that I am duly authorized to make the application on behalf of the corporation, partnership or other business entity named as applicant;
3. I have been provided with a copy of the Interactive Gaming and Interactive Wagering Regulations. The applicant agrees to abide by the provisions of the Regulations which will be the law governing the applicant's relationship with the Directorate of Offshore Gaming of Antigua and Barbuda.

Signature: _____

Name: _____
(Please Print)

Date: _____

End of Schedule "C". Please go on to Schedule "D".